

HIRING FREEZE EXCEPTION REQUEST FORM

OFFICE OF PERSONNEL MANAGEMENT

DEPARTMENT OF FINANCE AND ADMINISTRATION

1509 WEST SEVENTH STREET * PO BOX 3278 * LITTLE ROCK, AR 72203

Telephone (501) 682-1823 Fax (501) 682-5104

027
FOR OPM USE ONLY

Control No. _____

☐ Approved

☐ Rejected

☐ Pending

Date of Action _____

Date _____

Department/Institution _____

Twana Porter, State Personnel Administrator

Agency/Division _____

Position Title _____

Position Number _____ Class Code _____

Grade _____

Resubmission ☐ Yes ☐ No

(Indicate additional justification below)

Date of Original Submission

OPM Control Number (If Available)

Job Description (Describe in space provided below, OR note below if functional job description is attached.)

Source(s) of funding & percentage of each: _____ %STATE _____ %FEDERAL _____ %OTHER

Position vacated by _____ On (date) _____

Reason _____

Location of Position: (Specific Work Unit and City)

Justification and need to fill position (Describe in space provided below)

Verification:

I hereby certify that the above information is accurate

Immediate Supervisor Signature and Title

Department Director/President-Chancellor Signature

Return Address: After action is taken by the Hiring Freeze
Committee: Please return Request Form to:

Name & Title: _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

☐ Postal Service ☐ Messenger Service

After approval, this form must be attached to all personnel transactions.

R3/9/05